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Bib Data Sheet

CONFIRMATION NO. 2181

SERIAL NUMBER 09/193,564	FILING DATE 11/17/1998 RULE	CLASS 705	GROUP ART UNIT 3621	ATTORNEY DOCKET NO. D1077+6
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APPLICANTS

JAY PAUL DRUMMOND, MASSILLON, OH;

DALE BLACKSON, CANTON, OH;

BOB A. CICHON, CANTON, OH; JOSEPH C. ESS, NORTH CANTON, OH;

MARK A. MOALES, NORTH CANTON, OH;

DAVID W. WEIS, ASHLAND, OH;

MARK D. SMITH, NORTH CANTON, OH;

JAMES CHURCH, KENT, OH;

** CONTINUING DATA *****

This appln claims benefit of 60/091,887 07/07/1998

and claims benefit of 60/095,626 08/07/1998

and claims benefit of 60/098,907 09/02/1998

and claims benefit of 60/031,956 11/27/1996

and is a CIP of PCT/US97/21422 11/25/1997

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/08/1998

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 31	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

28995

RALPH E. JOCKE

231 SOUTH BROADWAY

MEDINA, OH

44256

TITLE

AUTOMATED BANKING MACHINE AND SYSTEM

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
RECEIVED		

SERIAL NUMBER 09/193,564	FILING DATE 11/17/98	CLASS 395	GROUP ART UNIT 2785	ATTORNEY DOCKET NO. D1077+6
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APPLICANT JAY PAUL DRUMMOND, MASSILLON, OH; DALE BLACKSON, CANTON, OH; BOB A. CICHON, CANTON, OH; JOSEPH C. ESS, NORTH CANTON, OH; MARK A. MOALES, NORTH CANTON, OH; DAVID W. WEIS, ASHLAND, OH; MARK D. SMITH, NORTH CANTON, OH; JAMES CHURCH, KENT, OH.

CONTINUING DOMESTIC DATA***

VERIFIED THIS APPLN IS A CIP OF 09/077,337 05/27/98

371 (NAT'L STAGE) DATA***

VERIFIED

FOREIGN APPLICATIONS***

VERIFIED

FOREIGN FILING LICENSE GRANTED 12/08/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY OH	SHEETS DRAWING 31	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 2
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS RALPHE E JOCKE
231 SOUTH BROADWAY
MEDINA OH 44256

TITLE AUTOMATED BANKING MACHINE AND SYSTEM

FILING FEE RECEIVED \$890	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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SERIAL NUMBER 09/193,564	FILING DATE 11/17/98	CLASS 705	GROUP ART UNIT 2761	ATTORNEY DOCKET NO. D1077+6
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APPLICANT JAY PAUL DRUMMOND, MASSILLON, OH; DALE BLACKSON, CANTON, OH; BOB A. CICHON, CANTON, OH; JOSEPH C. ESS, NORTH CANTON, OH; MARK A. MOALES, NORTH CANTON, OH; DAVID W. WEIS, ASHLAND, OH; MARK D. SMITH, NORTH CANTON, OH; JAMES CHURCH, KENT, OH.

****CONTINUING DOMESTIC DATA*******

VERIFIED PROVISIONAL APPLICATION NO. 60/091,887 07/07/98
PROVISIONAL APPLICATION NO. 60/095,626 08/07/98
PROVISIONAL APPLICATION NO. 60/098,907 09/02/98
PROVISIONAL APPLICATION NO. 60/031,956 11/27/96 X
AND A CIP OF PCT/US97/21422 11/25/97

****371 (NAT'L STAGE) DATA*******

VERIFIED

none P.E.

****FOREIGN APPLICATIONS*******

VERIFIED

none P.E.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 12/08/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY OH	SHEETS DRAWING 31	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 2
Verified and Acknowledged Examiner's Initials <u>P.E.</u> Initials _____					

ADDRESS	RALPHE E JOCKE 231 SOUTH BROADWAY MEDINA OH 44256
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TITLE	AUTOMATED BANKING MACHINE AND SYSTEM
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FILING FEE RECEIVED \$890	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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